

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: Regular
Subject Matter:: Utility
Title:: Medical Instrument
Attorney Docket Number:: HOE-799
Request for Early Publication?: No
Request for Non-Publication?: No
Suggested Drawing Figure:: 5
Total Drawing Sheets:: 4
Small Entity?: No
Petition Included?: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Manfred
Family Name:: Dworschak
City of Residence:: Duerbheim
Country of Residence:: Germany
Street of Mailing Address:: Riedweg 13
City of Mailing Address:: Duerbheim
Country of Mailing Address:: Germany
Postal or Zip Code of Mailing Address:: D-78589
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Theodor

Family Name:: Lutze
City of Residence:: Balgheim
Country of Residence:: Germany
Street of Mailing Address:: Hochstattweg 6
City of Mailing Address:: Balgheim
Country of Mailing Address:: Germany
Postal or Zip Code of Mailing Address:: D-78582
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Pedro
Family Name:: Morales
City of Residence:: Tuttlingen-Nendingen
Country of Residence:: Germany
Street of Mailing Address:: Fronhofstrasse 26
City of Mailing Address:: Tuttlingen-Nendingen
Country of Mailing Address:: Germany
Postal or Zip Code of Mailing Address:: D-78532
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Dieter
Family Name:: Weisshaupt
City of Residence:: Immendingen
Country of Residence:: Germany
Street of Mailing Address:: Bachzimmerer Oesch 10
City of Mailing Address:: Immendingen
Country of Mailing Address:: Germany
Postal or Zip Code of Mailing Address:: D-78194

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 20028
Phone Number: (203)459-0200
Fax Number:: (203)459-0201
E-Mail Address:: barry@patlawfirm.com

REPRESENTATIVE INFORMATION

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|----------------------------------|-------|--|
| Representative Customer Number:: | 20028 | |
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DOMESTIC PRIORITY INFORMATION

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|------------------|-------------------|----------------------|----------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application | continuation of | PCT/EP02/07614 | 07/09/02 |

FOREIGN PRIORITY INFORMATION

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|-----------|----------------------|---------------|--------------------|
| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
| Germany | 101 38 393 | 08/04/01 | Yes |

ASSIGNEE INFORMATION

Assignee Name:: AESCULAP AG & Co. KG
Street of Mailing Address:: Am Aesculap-Platz
City of Mailing Address:: Tuttlingen
Country of Mailing Address:: Germany
Postal or Zip Code of Mailing Address::D-78532